

Before The Utah State Tax Commission

Request for Redetermination of County Board of Equalization Decision

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Tax assessment year	Parcel number	
Taxpayer information		
Owner/Taxpayer name	Representative, if any I authorize the below-named person to discuss and share information concerning this appeal with the Utah State Tax Commission.	
Mailing address	Representative name	
	Mailing address	
Daytime telephone no.		
FAX telephone no.	Daytime telephone no.	FAX telephone no.
Taxpayer's email address	Representative's email address	

Property Information

Location or address of property	
	County
Property type	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Vacant land <input type="checkbox"/> Agricultural/Greenbelt	
<input type="checkbox"/> Personal property (specify) _____	
Primary issue	
<input type="checkbox"/> Assessed value <input type="checkbox"/> Eligibility for exemption <input type="checkbox"/> Greenbelt <input type="checkbox"/> Other _____	
If you are contesting the assessed value of the property, state your estimate of value _____	

Additional Information

State your objection to the Board of Equalization decision (be prepared to provide supporting evidence at a hearing or mediation conference)

Taxpayer's name (print)	Taxpayer's signature X	Date signed
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Submit this form to the County Auditor for completion.

This form must be filed with the County Auditor within 30 days after the date of the Board of Equalization Decision.

Auditor: Please verify that this matter was heard or considered by the Board of Equalization

Date of BOE hearing	Original assessed value	Value determined by BOE	Original taxes due
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Attach a copy of the BOE decision to this form

TC-194 Rev. 12/06